

Limited Appointment/Cancellation of Michigan Insurance Producer

Insurance Companies: Use this form to appoint or cancel licensees for ONLY the new qualifications added to the Insurance Code by Public Act 228 of 2001, and listed as choices in the "Qualifications" section of this form.

Person or entity to be appointed or cancelled (Last Name, First Name Middle)

The subject of this appointment or cancellation is:
(choose only one--must be same as license)

Person or entity above is licensed in Michigan as: (choose only one)

☐ Resident Michigan licensee ☐ NON-Resident Michigan licensee

☐ Individual licensee--ENTER Social Security Number BELOW

☐ Business Entity licensee--ENTER Tax ID Number (FEIN) BELOW

Transaction type: (choose only one)

☐ Appointment ☐ Cancellation

☐ Cancellation for cause (attach documentation)

Enter number without dashes

QUALIFICATIONS: For an APPOINTMENT, COMPLETE this section. For a CANCELLATION, SKIP this section

Select the qualification(s) you are appointing this person or entity for:

Appointing insurance company must be authorized for the lines that correspond to the selected qualifications.

☐ Property ☐ Casualty ☐ Personal Lines ☐ Credit Products

Section 500.1208a of the Michigan Insurance Code specifies that an insurance producer shall not act as an agent of an insurer unless appointed by the insurer within 15 days from the date the agency contract is executed or the first insurance application is submitted. The effective date requested must be within these requirements. The appointment can only be processed if the licensee is qualified by license and the insurer is authorized under their certificate of authority for the qualifications requested.

Effective Date Requested for
appointment or cancellation

MM / DD / YY

Please provide appointing insurance
company NAIC number (at right) and
Insurer name and complete address below:

NAIC Company Number

Certification

If this is an appointment, I certify that I/we have investigated the qualifications of this applicant and these qualifications meet or exceed the requirements of the Michigan Insurance Code. If this is a cancellation, I certify that it complies with the requirements of the Michigan Insurance Code.

Signature

Date signed

Signer's name and title (typed or printed)

When complete, mail to:

Office of Financial and Insurance Services
611 W. Ottawa St.
PO Box 30220
Lansing, MI 48909-7720

Phone number with area code

PA 218 of 1956 as amended "The Insurance Code" requires submission by insurers to appoint insurance producers. Failure to properly complete and file this form may result in a compliance action against the insurer and agents who transact business on their behalf without a proper appointment.